



Commissioner for Patents
Washington, DC 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 2082

| | | | | |
|---|---|-------------------------------|---|--------------------------------------|
| SERIAL NUMBER 09/198,087 | FILING DATE 11/23/1998 RULE | CLASS 606 | GROUP ART UNIT 3731 | ATTORNEY DOCKET NO. QUIC-1 |
| APPLICANTS STEPHEN COLVIN, NEW YORK, NY; EUGENE GROSSI, NEW YORK, NY; ALLAN KATZ, FREEPORT, NY; | | | | |
| ** CONTINUING DATA ***** | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/28/1998 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance | | STATE OR COUNTRY NY | SHEETS DRAWING 6 | TOTAL CLAIMS 34 |
| Verified and Acknowledged Examiner's Signature _____ Initials _____ | | | | INDEPENDENT CLAIMS 4 |
| ADDRESS Todd S. Sharinn Greenburg Traurig LLP 885 Third Avenue 21st Floor New York ,NY 10022 | | | | |
| TITLE PASSIVE KNOTLESS SUTURE TERMINATOR FOR USE IN MINAMALLY INVASIVE SURGERY AND TO FACILITATE STANDARD TISSUE SECURING | | | | |
| FILING FEE RECEIVED 1090 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |

| | | | | |
|---------------|-------------|-------|----------------|---------------------|
| SERIAL NUMBER | FILING DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
| 09/198,087 | 11/23/98 | 606 | 3732 | QUIC-1 |

APPLICANT
STEPHEN COLVIN, NEW YORK, NY; EUGENE GROSSI, NEW YORK, NY; ALAN KATZ,
FREEPORT, NY. Paul Oddo, Freeport, N.Y.

****CONTINUING DOMESTIC DATA*******

VERIFIED

None

****371 (NAT'L STAGE) DATA*******

VERIFIED

None

****FOREIGN APPLICATIONS*******

VERIFIED

None

FOREIGN FILING LICENSE GRANTED 12/28/98

| | | | | | |
|---|--|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY NY | SHEETS DRAWING 6 | TOTAL CLAIMS 34 | INDEPENDENT CLAIMS 4 |
| Verified and Acknowledged <i>Examiner's Initials</i> _____ <i>Initials</i> _____ | | | | | |

ADDRESS
TODD S SHARINN
PEPE & HAZARD
225 ASYLUM ST
HARTFORD CT 06103

TITLE
PASSIVE KNOTLESS SUTURE TERMINATOR FOR USE IN MINAMALLY INVASIVE
SURGERY AND TO FACILITATE STANDARD TISSUE SECURING

| | | |
|---------------------------------------|---|---|
| FILING FEE RECEIVED \$1,090 | FEES: Authority has been given in Paper No. _____ to charge/create DEPOSIT ACCOUNT NO. _____ for the following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|---------------------------------------|---|---|